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Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
NORTHERN DISTRICT OF ILLINOIS	_	
Case number (if known)	_ Chapter you are filing under:	
	Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	☐ Chapter 13	Check if this an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Pai	rt 1:	Identify Yourself		
			About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	You	r full name		
	your pictu exar licer Bring iden	e the name that is on a government-issued ure identification (for mple, your driver's use or passport). g your picture tification to your ting with the trustee.	Lowell First name A Middle name LeMaster Last name and Suffix (Sr., Jr., II, III)	First name Middle name Last name and Suffix (Sr., Jr., II, III)
2.	All dused	other names you have d in the last 8 years ude your married or den names.		
3.	you num Indi	y the last 4 digits of r Social Security nber or federal vidual Taxpayer ntification number	xxx-xx-4803	

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Debtor 1 Lowell A LeMaster

		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):			
4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years		■ I have not used any business name or EINs.	☐ I have not used any business name or EINs.			
	Include trade names and doing business as names	Business name(s)	Business name(s)			
		EINs	EINs			
5.	Where you live	4118 E. Wonder Lake Drive	If Debtor 2 lives at a different address:			
		Wonder Lake, IL 60097-9744 Number, Street, City, State & ZIP Code	Number, Street, City, State & ZIP Code			
		McHenry				
		County	County			
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.			
		Number, P.O. Box, Street, City, State & ZIP Code	Number, P.O. Box, Street, City, State & ZIP Code			
6.	Why you are choosing this district to file for	Check one:	Check one:			
	bankruptcy	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	 Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. 			
		☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)	☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)			

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Case number (if known) Debtor 1 Lowell A LeMaster

ar	Tell the Court About	Your B	ankruptcy Ca	ise			
7.	The chapter of the Bankruptcy Code you are			Bankruptcy			
	choosing to file under	Chapter 7					
		□с	Chapter 11				
		□с	hapter 12				
		□с	hapter 13				
3.	How you will pay the fee		about how yo order. If your	ou may pay. Туր attorney is sub	pically, if you are paying the fee y	ourself, you may pay with cash, cashier's ch	eck, or money
						ion, sign and attach the Application for Indivi	duals to Pay
			I request tha	oter 12 ovill pay the entire fee when I file my petition. Please check with the clerk's office in your local court for nout how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check der. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or pre-printed address. need to pay the fee in installments. If you choose this option, sign and attach the Application for Individuate Filing Fee in Installments (Official Form 103A). request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a set is not required to, waive your fee, and may do so only if your income is less than 150% of the official power population to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with your petition.			
			applies to you	ur family size a	nd you are unable to pay the fee	in installments). If you choose this option, yo	u must fill out
			ше Аррисанс	on to nave the t	Shapter 7 Filling Fee Walved (Oli	iciai Form 1035) and me it with your petition.	
).	Have you filed for bankruptcy within the	■ No	0 .				
	last 8 years?	□ Ye	es.				
			District			Case number	
			District				
			District		When	Case number	
10.	Are any bankruptcy	■ No	0				
	cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an	□ Ye	∋s.				
	affiliate?		Dobtor			Polationship to you	
					When		
					WIIGH		
					When		
11.	Do you rent your residence?	■ No	Go to l	ine 12.			
		□ Ye	_{es.} Has yo	our landlord obta	ained an eviction judgment agair	st you and do you want to stay in your reside	ence?
				No. Go to line	12.		
				Yes. Fill out Inbankruptcy pe		a Judgment Against You (Form 101A) and file	it with this

Debtor 1	Lowell A LeMaster	Document	Page 4 of 57	Case number (if known)	

Pari	Report About Any Bu	sinesses	You Own	as a Sole Proprieto	or		
12.	Are you a sole proprietor of any full- or part-time business?	■ No.	Go to	Part 4.			
		☐ Yes.	Name and location of business				
A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.							
	If you have more than one sole proprietorship, use a		Numb	er, Street, City, State	e & ZIP Code		
	separate sheet and attach it to this petition.		Check	the appropriate box	to describe your business:		
				Health Care Busine	ess (as defined in 11 U.S.C. § 101(27A))		
				Single Asset Real E	Estate (as defined in 11 U.S.C. § 101(51B))		
				Stockbroker (as defined in 11 U.S.C. § 101(53A))			
				☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))			
				None of the above			
13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor? If you are filing under Chapter 11, the court must know whether you are a small business debtor, you must attach your most recen operations, cash-flow statement, and federal income tax return or if any of these documents do in 11 U.S.C. 1116(1)(B).			small business debtor, you must attach your most recent balance sheet, statement of				
	For a definition of small	■ No.	I am r	ot filing under Chapt	er 11.		
	business debtor, see 11 U.S.C. § 101(51D).	□ No.	I am fi Code.		1, but I am NOT a small business debtor according to the definition in the Bankruptcy		
		☐ Yes.	I am f	ling under Chapter 1	1 and I am a small business debtor according to the definition in the Bankruptcy Code.		
Part	Poport if You Own or	Have Any	Hazarda	us Proporty or Any	Property That Needs Immediate Attention		
	•	nave Any	nazaruo	us Froperty of Arry	Property That Needs infinediate Attention		
14.	Do you own or have any property that poses or is alleged to pose a threat of imminent and	■ No. □ Yes.	What is	he hazard?			
	identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?			iate attention is why is it needed?			
	For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?		Where is	the property?	Number, Street, City, State & Zip Code		

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Debtor 1 Lowell A LeMaster

Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Document Page 6 of 57 Case number (if known) Debtor 1 Lowell A LeMaster Part 6: **Answer These Questions for Reporting Purposes** 16. What kind of debts do 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." you have? ☐ No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. ☐ No. Go to line 16c. ☐ Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts 17. Are you filing under I am not filing under Chapter 7. Go to line 18. ☐ No. Chapter 7? Do you estimate that I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses Yes. after any exempt are paid that funds will be available to distribute to unsecured creditors? property is excluded and administrative expenses No are paid that funds will be available for ☐ Yes distribution to unsecured creditors? 18. How many Creditors do 1-49 **1**,000-5,000 **1** 25,001-50,000 you estimate that you **5001-10,000 5**0,001-100,000 **50-99** owe? **1**0,001-25,000 ☐ More than 100,000 **1**00-199 **200-999** 19. How much do you **□** \$0 - \$50,000 □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion estimate your assets to □ \$50,001 - \$100,000 □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion be worth? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion **\$100,001 - \$500,000** ☐ More than \$50 billion □ \$100,000,001 - \$500 million □ \$500.001 - \$1 million 20. How much do you □ \$0 - \$50,000 □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion estimate your liabilities □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion \$50,001 - \$100,000 to be? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion □ \$100,001 - \$500,000 □ \$100,000,001 - \$500 million ■ More than \$50 billion □ \$500,001 - \$1 million Sign Below Part 7: For you I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11. United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Lowell A LeMaster Signature of Debtor 2 Lowell A LeMaster Signature of Debtor 1

Executed on

MM / DD / YYYY

Executed on August 27, 2017

MM / DD / YYYY

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Debtor 1 Lowell A LeMaster Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ David L. Stretch	Date	August 27, 2017
Signature of Attorney for Debtor	_	MM / DD / YYYY
David L. Stretch		
The Law Office of David L. Stretch		
Firm name		
5447 W. Bull Valley Road		
McHenry, IL 60050-7410		
Number, Street, City, State & ZIP Code		
Contact phone 815-578-0055	Email address	stretchlaw@gmail.com
6228693		
Bar number & State		

		Docume	ent Page 8 of 57	<u>/</u>	
Fill in this infor	mation to identify your	case:			
Debtor 1	Lowell A LeMaste	er			
	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States Ba	inkruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS		
Case number _					— 0
(if known)					☐ Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

Pa	t 1: Summarize Your Assets		
		Your a	ssets If what you own
1.	Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B	\$	0.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$	311,002.00
	1c. Copy line 63, Total of all property on Schedule A/B	\$	311,002.00
Pa	t 2: Summarize Your Liabilities		
			abilities t you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	0.00
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	0.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	64,431.19
	Your total liabilities	\$	64,431.19
Pa	t 3: Summarize Your Income and Expenses		
4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$	2,400.00
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	1,620.00
Pa	t 4: Answer These Questions for Administrative and Statistical Records		
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you	r other sch	nedules.
7.	Yes What kind of debt do you have?		
	Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a	ı personal,	family, or

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

the court with your other schedules.

Debtor 1 Lowell A LeMaster

Document Page 9 of 57
Case number (if known)

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$_____1,000.00

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

From Part 4 on Schedule E/F, copy the following:	Total cla	im
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	0.00

	C	136 17-02014	Doc 1 Tiled 00/ Docum			30 Mairi
Fill in	n this infor	mation to identify your				
Debto	or 1	Lowell A LeMast	er			
		First Name	Middle Name	Last Name		
Debto	or 2 se, if filing)	First Name	Middle Name	Last Name		
(Spous	e, ii iiiiig)	First Name				
Unite	d States Ba	ankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS		
Case	number _					☐ Check if this is an
						amended filing
Offi	cial Fo	rm 106A/B				
		e A/B: Prop	erty			12/15
think it	t fits best. E lation. If more er every ques	le as complete and accurate space is needed, attach stion.	ate as possible. If two mar a a separate sheet to this fo	once. If an asset fits in more than ied people are filing together, both orm. On the top of any additional potential to You Own or Have an Interest In	h are equally responsible for su ages, write your name and case	pplying correct
				, building, land, or similar property		
	-		e interest in any residence	, bullang, land, or similar property	, .	
_ `	No. Go to Pa	·· - ·				
ЦΥ	Yes. Where i	s the property?				
Part 2	Describe	Your Vehicles				
some	one else dri	ves. If you lease a vehic		ehicles, whether they are regis dule G: Executory Contracts and cles		enicies you own mat
■ \	Yes					
3.1	Make:	Mercedes-Benz	Who has an into	erest in the property? Check one	Do not deduct secured cl	
	Model:	E320	■ Debtor 1 only	1	the amount of any secure Creditors Who Have Clair	
	_	1996	☐ Debtor 2 only	1	Current value of the	Current value of the
	Approxima		,000 Debtor 1 and	Debtor 2 only	entire property?	portion you own?
	Other infor		At least one	of the debtors and another		
	Location	od condition. n: 4118 E. Wonder La onder Lake IL 744	Check if this (see instruction	s is community property	\$1,403.00	\$1,403.00
3.2	Make:	Audi	Who has an into	erest in the property? Check one	Do not deduct secured cl	
	Model:	A4	■ Debtor 1 only	<u>-</u> !	the amount of any secure Creditors Who Have Clair	
	Year:	2002	Debtor 2 only		Current value of the	Current value of the
	Approxima	te mileage: 140	,000 Debtor 1 and		entire property?	portion you own?
	Other infor		At least one	of the debtors and another		
		ndition. n: 4118 E. Wonder La onder Lake IL	Check if this (see instruction	s is community property	\$1,882.00	\$1,882.00

Official Form 106A/B Schedule A/B: Property page 1

60097-9744

D	ebtor 1	Lowell A Le	Master	Document	Page 11 of 57 Case number	r (if known)	
	Watercr	aft, aircraft, mo	tor homes, ATVs and o		icles, other vehicles, and accessories	ories	
	■ No						
	☐ Yes						
5					rom Part 2, including any entries		\$3,285.00
Р	art 3: De	scribe Your Perso	onal and Household Items	•			
			legal or equitable inter		ving items?		Current value of the portion you own? Do not deduct secured claims or exemptions.
6.		old goods and t es: Major appliar	furnishings nces, furniture, linens, ch	nina, kitchenware			
	Yes.	Describe					
			Location: 4118 E.	Wonder Lake Drive	, Wonder Lake IL 60097-9744		\$500.00
7.	■ No	les: Televisions a	and radios; audio, video, I phones, cameras, med		pment; computers, printers, scanne	rs; music colle	ections; electronic devices
8.	Example No		I figurines; paintings, prii ions, memorabilia, collec		oks, pictures, or other art objects; s	tamp, coin, or	baseball card collections;
9.	Example No	ent for sports a les: Sports, photo musical instr	ographic, exercise, and o	other hobby equipment;	bicycles, pool tables, golf clubs, ski	is; canoes and	d kayaks; carpentry tools;
10	■ No		s, shotguns, ammunitior	ı, and related equipmer	ut		
11	□ No	oles: Everyday cl	othes, furs, leather coat	s, designer wear, shoes	s, accessories		
	■ Yes.	Describe					
			Location: 4118 E.	Wonder Lake Drive	, Wonder Lake IL 60097-9744		\$300.00
12	■ No		welry, costume jewelry,	engagement rings, wed	lding rings, heirloom jewelry, watche	es, gems, gold	d, silver
13	B. Non-fa Examp ■ No	rm animals oles: Dogs, cats,	birds, horses				

page 2

De	ebtor 1	Case 17-82		Doc 1	Filed 08/27/17 Document	Page 12 of 57	7/17 18:07:47 ase number (if known)	Desc Main
				old items you	u did not already list, in		, ,	
	■ No	ici personal ana i	iiouscii	iola itellio yet	a ara not ancady not, in	iolaanig any nealth ai	as you all not list	
	☐ Yes.	Give specific inform	mation					
15					om Part 3, including ar		ou have attached	\$800.00
		scribe Your Financia						
Do	you ow	n or have any leg	al or ed	quitable intere	est in any of the follow	ing?		Current value of the portion you own? Do not deduct secured claims or exemptions.
	□ No			-	our home, in a safe depo		hen you file your petitic	n
							Cash Location: 4118 W. Wonder Lake Drive, Wonder Lake IL 60097	\$117.00
	Examp □ No				counts with the same inst	iitution, list each. ame:		ouses, and other similar
			17.1.	Checking	First Natio	onal Bank of McHer	nry	\$900.00
			17.2.	Savings	Clarksville	e State Bank (Iowa)		\$250.00
			17.3.	Checking	Wonder L	ake State Bank		\$450.00
			17.4.	Savings	Wonder L	ake State Bank		\$200.00
	Examp ■ No	mutual funds, or les: Bond funds, in	vestme		ith brokerage firms, mon	ey market accounts		
	joint ve	-	k and i	nterests in in	corporated and uninco	orporated businesses,	, including an interest	in an LLC, partnership, and
	■ No □ Yes.	Give specific infor		about them ne of entity:			% of ownership:	
	Negotia	<i>able instrument</i> s in	clude p	ersonal check	negotiable and non-ne s, cashiers' checks, pron not transfer to someone b	nissory notes, and mon		
		Give specific inforn	nation a	bout them				
			Issu	er name:				

Official Form 106A/B Schedule A/B: Property page 3

		Case 17-820	014 Doc	1 Filed 08/27/17 Document	Entered 08/27/17 18:07:47 Page 13 of 57	Desc Main
De	btor 1	Lowell A LeMas	ster	Document	Case number (if known)	
		ment or pension accoles: Interests in IRA,		, 401(k), 403(b), thrift savin	gs accounts, or other pension or profit-sharing	plans
	■ Yes.	List each account se	parately. Type of account:	: Institution	name:	
		4	l01(k)	Spurgeo	ns Fidelity 401(k) Retirement Plan	\$300,000.00
		I	RA	Fidelity I	RA - Roll-Over Retirement Plan	\$5,000.00
	Your s		posits you have		ntinue service or use from a company ectric, gas, water), telecommunications compar	nies, or others
	☐ Yes.			Institution	name or individual:	
23.	Annuit ■ No				or life or for a number of years)	
	☐ Yes	Issuer	name and desc	cription.		
		ts in an education IF C. §§ 530(b)(1), 529/			ogram, or under a qualified state tuition pro	ogram.
	☐ Yes	Institu	tion name and o	description. Separately file	the records of any interests.11 U.S.C. § 521(c)	:
	■ No	•	·		ng listed in line 1), and rights or powers exe	ercisable for your benefit
	⊔ Yes.	Give specific information	ation about then	m		
	Examp ■ No	oles: Internet domain	names, website	ecrets, and other intellect es, proceeds from royalties		
		Give specific information				
		es, franchises, and ples: Building permits			on holdings, liquor licenses, professional licens	es
	☐ Yes.	Give specific information	ation about then	m		
Mo	oney or	property owed to yo	ou?			Current value of the portion you own? Do not deduct secured claims or exemptions.
	Tax ref ■ No	funds owed to you				
	☐ Yes.	Give specific informa	ation about them	n, including whether you alr	eady filed the returns and the tax years	
	Examp ■ No		•	spousal support, child supp	port, maintenance, divorce settlement, property	settlement
	⊔ Yes.	Give specific informa	ation			
			disability insurar	nce payments, disability be le to someone else	nefits, sick pay, vacation pay, workers' compe	nsation, Social Security
	□ Yes.	Give specific informa	ation			

Debtor 1	Lowell A LeMaster	Document	Page 14 of 57 Case number (if known)	
04 1-4				
	sts in insurance policies ples: Health, disability, or life insurance; h	ealth savings account	(HSA); credit, homeowner's, or renter's insural	nce
	Name the insurance company of each po Company name:	olicy and list its value.	Beneficiary:	Surrender or refund value:
If you some	terest in property that is due you from are the beneficiary of a living trust, expectone has died. Give specific information		ed nsurance policy, or are currently entitled to rec	eive property because
Exam ■ No	s against third parties, whether or not ples: Accidents, employment disputes, instance Describe each claim			
■ No	contingent and unliquidated claims of Describe each claim	every nature, includir	ng counterclaims of the debtor and rights to	set off claims
■ No	nancial assets you did not already list Give specific information			
	the dollar value of all of your entries fr art 4. Write that number here	,	ny entries for pages you have attached	\$306,917.00
Part 5: De	escribe Any Business-Related Property You	Own or Have an Interest	In. List any real estate in Part 1.	
	own or have any legal or equitable interest	in any business-related p	property?	
	o to Part 6. Go to line 38.			
	escribe Any Farm- and Commercial Fishing- you own or have an interest in farmland, list it in		n or Have an Interest In.	
	u own or have any legal or equitable in	terest in any farm- or	commercial fishing-related property?	
	Go to Part 7. S. Go to line 47.			
L Yes	s. Go to line 47.			
Part 7:	Describe All Property You Own or Have a	n Interest in That You Di	d Not List Above	
Exam ■ No	u have other property of any kind you oples: Season tickets, country club member			
⊔ Yes.	Give specific information			
54. Add	the dollar value of all of your entries fr	om Part 7. Write that r	number here	\$0.00

Official Form 106A/B Schedule A/B: Property page 5

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Case number (if known) Document Debtor 1 **Lowell A LeMaster**

			` <u> </u>	
Part	List the Totals of Each Part of this Form			
55.	Part 1: Total real estate, line 2			\$0.00
56.	Part 2: Total vehicles, line 5	\$3,285.00		
57.	Part 3: Total personal and household items, line 15	\$800.00		
58.	Part 4: Total financial assets, line 36	\$306,917.00		
59.	Part 5: Total business-related property, line 45	\$0.00		
60.	Part 6: Total farm- and fishing-related property, line 52	\$0.00		
61.	Part 7: Total other property not listed, line 54	+ \$0.00		
62.	Total personal property. Add lines 56 through 61	\$311,002.00	Copy personal property total	\$311,002.00
63.	Total of all property on Schedule A/B. Add line 55 + line 62			\$311,002.00

Official Form 106A/B Schedule A/B: Property page 6 Case 17-82014 Doc 1 Filed 08/27/17 Entered 08/27/17 18:07:47 Desc Main Document Page 16 of 57

Fill in this inform	Fill in this information to identify your case:							
Debtor 1	Lowell A LeMaste	er						
	First Name	Middle Name	Last Name					
Debtor 2								
(Spouse if, filing)	First Name	Middle Name	Last Name					
United States Bankruptcy Court for the:		NORTHERN DISTRICT	OF ILLINOIS					
Case number _								
(II KIIOWII)					Check if this is an amended filing			

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
 - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
 - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

Schedule A/B that lists this property	Current value of the portion you own Copy the value from Schedule A/B Amount of the exemption you claim Check only one box for each exemption.			Specific laws that allow exemption	
1996 Mercedes-Benz E320 160,000 miles Very good condition. Location: 4118 E. Wonder Lake Drive, Wonder Lake IL 60097-9744 Line from Schedule A/B: 3.1	\$1,403.00		\$1,403.00 100% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-1001(b)	
2002 Audi A4 140,000 miles Good condition.	\$1,882.00	•	\$1,882.00	735 ILCS 5/12-1001(c)	
Location: 4118 E. Wonder Lake Drive, Wonder Lake IL 60097-9744 Line from Schedule A/B: 3.2			100% of fair market value, up to any applicable statutory limit		
Location: 4118 E. Wonder Lake Drive, Wonder Lake IL 60097-9744	\$500.00		\$500.00	735 ILCS 5/12-1001(b)	
Line from Schedule A/B: 6.1			100% of fair market value, up to any applicable statutory limit		
Location: 4118 E. Wonder Lake Drive, Wonder Lake IL 60097-9744	\$300.00		\$300.00	735 ILCS 5/12-1001(a)	
 Line from Schedule A/B: 11.1			100% of fair market value, up to		

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Lowell A Lewaster			Case number (if known)	
Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from		ount of the exemption you claim	Specific laws that allow exemption
	Schedule A/B	CHE	eck only one box for each exemption.	
Cash Location: 4118 W. Wonder Lake	\$117.00	•	\$117.00	735 ILCS 5/12-1001(b)
Drive, Wonder Lake IL 60097 Line from <i>Schedule A/B</i> : 16.1			100% of fair market value, up to any applicable statutory limit	
Checking: First National Bank of McHenry	\$900.00		\$900.00	735 ILCS 5/12-1001(b)
ine from Schedule A/B: 17.1			100% of fair market value, up to any applicable statutory limit	
Savings: Clarksville State Bank lowa)	\$250.00		\$250.00	735 ILCS 5/12-1001(b)
ine from Schedule A/B: 17.2			100% of fair market value, up to any applicable statutory limit	
Checking: Wonder Lake State Bank Line from Schedule A/B: 17.3	\$450.00		\$450.00	735 ILCS 5/12-1001(b)
Line noin denedule 7/2. 11.0			100% of fair market value, up to any applicable statutory limit	
Savings: Wonder Lake State Bank Line from Schedule A/B: 17.4	\$200.00		\$200.00	735 ILCS 5/12-1001(b)
			100% of fair market value, up to any applicable statutory limit	
401(k): Spurgeons Fidelity 401(k) Retirement Plan	\$300,000.00		\$300,000.00	735 ILCS 5/12-1006
Line from Schedule A/B: 21.1			100% of fair market value, up to any applicable statutory limit	
IRA: Fidelity IRA - Roll-Over Retirement Plan	\$5,000.00		\$5,000.00	735 ILCS 5/12-1006
Line from Schedule A/B: 21.2			100% of fair market value, up to any applicable statutory limit	
Are you claiming a homestead exemption (Subject to adjustment on 4/01/19 and every			led on or after the date of adjustmer	nt.)
Yes. Did you acquire the property cover	ed by the exemption wi	ithin 1	,215 days before you filed this case	?
□ No □ Yes				

		1212111		
Fill in this infor	mation to identify your	case:		
Debtor 1	Lowell A LeMaste	er		
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS	
Case number				
(if known)				☐ Check if this amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

- 1. Do any creditors have claims secured by your property?
 - No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below.

		Document	Page 1	9 of 57	
Fill in th	nis information to identify your	r case:			
Debtor 1	Lowell A LeMast	ter			
	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if,		Middle Name	Last Name		
	States Bankruptcy Court for the:	NORTHERN DISTRICT OF IL	LINOIS		
_				_	
Case nu (if known)	imber				☐ Check if this is an amended filing
	al Form 106E/F dule E/F: Creditors V	Who Have Unsecured	l Claims		12/15
any execu Schedule Schedule left. Attac name and	tory contracts or unexpired lease G: Executory Contracts and Unex D: Creditors Who Have Claims Se h the Continuation Page to this pa I case number (if known).	es that could result in a claim. Also pired Leases (Official Form 106G). cured by Property. If more space is age. If you have no information to re	list executory of Do not include needed, copy	contracts on Schedule A/B: Prany creditors with partially settle Part you need, fill it out, n	PRIORITY claims. List the other party to coperty (Official Form 106A/B) and on scured claims that are listed in umber the entries in the boxes on the p of any additional pages, write your
Part 1:	List All of Your PRIORITY U				
_	ny creditors have priority unsecur	'ed claims against you'?			
	lo. Go to Part 2.				
□ Y Part 2:	 -	ITV Unacquired Claims			
	List All of Your NONPRIORI ny creditors have nonpriority unse				
_					
⊔ N ■ Y	.	part. Submit this form to the court with	your other sche	edules.	
4. List a	all of your nonpriority unsecured c cured claim, list the creditor separate one creditor holds a particular claim,	claims in the alphabetical order of t ely for each claim. For each claim liste list the other creditors in Part 3.If you	d, identify what t	ype of claim it is. Do not list clai	ms already included in Part 1. If more
					Total claim
	AG Adjustments	Last 4 digits of ac	count number	2316	\$612.51
,	Nonpriority Creditor's Name 740 Walt Whitman Road Melville, NY 11747-9090	When was the deb	t incurred?		
	Number Street City State Zlp Code Who incurred the debt? Check one		file, the claim i	s: Check all that apply	
	Debtor 1 only	☐ Contingent			
	Debtor 2 only	☐ Unliquidated			
	☐ Debtor 1 and Debtor 2 only	☐ Disputed			
	☐ At least one of the debtors and a		RITY unsecured	d claim:	
	☐ Check if this claim is for a con	nmunity			
	debt	☐ Obligations arisi		ration agreement or divorce that	it you did not
	Is the claim subject to offset?	report as priority cla		a plane, and ather stratters to the	
	■ No	·	•	g plans, and other similar debts	
	Yes	Other. Specify	Fresh Start	Auto Center	

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Case number (if know)

Debtor 1 Lowell A LeMaster 4.2 Arizona Premium Finance Co., Inc. \$8.43 Last 4 digits of account number 8116 Nonpriority Creditor's Name 12406 N. 32nd Street When was the debt incurred? Suite 110 Phoenix, AZ 85032 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Fresh Start Auto Center ☐ Yes 4.3 **Bank of America** Last 4 digits of account number 3869 \$1,866.95 Nonpriority Creditor's Name NC4-105-03-14 Opened 07/94 Last Active PO Box 26012 When was the debt incurred? 4/16/16 Greensboro, NC 27410 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims lacksquare Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes **Credit Card** Other. Specify 4.4 **Bank of America** Last 4 digits of account number 5546 \$10,050.17 Nonpriority Creditor's Name PO Box 15796 When was the debt incurred? Wilmington, DE 19886-5796 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No **Business Card** Other. Specify Fresh Start Auto Center ☐ Yes

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Case number (if know)

Debtor 1 Lowell A LeMaster 4.5 \$623.76 bluegreen vacations Last 4 digits of account number 0493 Nonpriority Creditor's Name Fantasy Island Resort II When was the debt incurred? 11/26/2016 PO Box 630980 Cincinnati, OH 45263-0980 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Other. Specify 4.6 **Capital One** Last 4 digits of account number 4941 \$2,722.39 Nonpriority Creditor's Name Opened 09/94 Last Active PO Box 30285 When was the debt incurred? 4/16/16 Salt Lake City, UT 84130 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Credit Card - GM MasterCard Other, Specify 4.7 **Cardmember Services** Last 4 digits of account number 6281 Unknown Nonpriority Creditor's Name Credit Risk Management When was the debt incurred? PO Box 6376 Fargo, ND 58125-6376 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans \square Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Visa Signature Card ☐ Yes

Page 22 of 57 Case number (if know) Debtor 1 Lowell A LeMaster 4.8 \$2,659.52 Chase Last 4 digits of account number 6555 Nonpriority Creditor's Name Attn: Correspondence Department Opened 05/97 Last Active PO Box 15298 When was the debt incurred? 6/23/16 Wilmington, DE 19850 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Credit Card ☐ Yes 4.9 Citibank / The Home Depot Last 4 digits of account number 6953 \$561.00 Nonpriority Creditor's Name Centralized Bankruptcy Opened 07/14 Last Active PO Box 790040 When was the debt incurred? 4/27/16 S Louis, MO 63129 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims lacksquare Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Charge Account ☐ Yes 4.1 **Comcast Cable** 9720 \$440.88 Last 4 digits of account number 0 Nonpriority Creditor's Name PO Box 3001 When was the debt incurred? Southeastern, PA 19398-3002 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No

☐ Yes

■ Other. Specify Fresh Start Auto Center

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Case number (if know)

Debtor 1 Lowell A LeMaster 4.1 ComEd 7003 \$1,440.19 Last 4 digits of account number Nonpriority Creditor's Name PO Box 6111 When was the debt incurred? Carol Stream, IL 60197-6111 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes ■ Other. Specify Fresh Start Auto Center 4.1 **Department of the Treasury** 5731 Unknown Last 4 digits of account number Nonpriority Creditor's Name **Bureau of the Fiscal Service** When was the debt incurred? PO Box 1686 Birmingham, AL 35201-1686 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No TIN: 485-54-4803 ☐ Yes Other. Specify Claim #: 485544803 A 4.1 **Discover Financial** 7200 \$6,774.34 Last 4 digits of account number Nonpriority Creditor's Name Opened 09/97 Last Active PO Box 3025 When was the debt incurred? 6/23/16 New Albany, OH 43054 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only □ Contingent ☐ Unliquidated Debtor 2 only Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community $\hfill\square$ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts

☐ Yes

■ Other. Specify Credit Card

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Case number (if know)

DCDI	LOWEII A Lewiastei			
4.1 4	First National Bank - Omaha	Last 4 digits of account number	9738	\$14,412.12
	Nonpriority Creditor's Name PO Box 2557 Omaha, NE 68103-2557	When was the debt incurred?		
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	□Yes	Other. Specify Visa Card -	Gold Edition	
4.1 5	First National Bank of McHenry	Last 4 digits of account number	0185	\$1.00
	Nonpriority Creditor's Name 3814 W. Elm Street McHenry, IL 60051-0338	When was the debt incurred?	Opened 1/08/85 Last Active 6/08/16	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing		
	Yes	Other. Specify		
4.1	First National Bank of Omaha	Last 4 digits of account number	2566	\$13,412.12
	Nonpriority Creditor's Name Attn: FNN Legal Department 1620 Dodge Street, Mail Code 3290 Omaha, NE 68191	When was the debt incurred?	Opened 10/73 Last Active 5/16/16	
	Number Street City State Zlp Code	As of the date you file, the claim	s: Check all that apply	
	Who incurred the debt? Check one.			
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community debt		aration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims		
	■ No	Debts to pension or profit-sharin		
	Yes	Other. Specify Credit Card		

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1 Lowell A LeMaster	Case number (if know)	
Firstsource Advantage, LLC	Last 4 digits of account number 8755	\$1,18
Nonpriority Creditor's Name 205 Bryant Woods South Amherst, NY 14228	When was the debt incurred?	
Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.		
Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
☐ Debtor 1 and Debtor 2 only	☐ Disputed	
lacksquare At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
No	☐ Debts to pension or profit-sharing plans, and other similar debts	
Yes	Other. Specify American Express	
Founders Insurance Company	Last 4 digits of account number 0676	\$2,76
Nonpriority Creditor's Name 1111 East Touhy Avenue Suite 300	When was the debt incurred?	
Des Plaines, IL 60018	_	
Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
Debtor 1 only	☐ Contingent	
☐ Debtor 2 only	☐ Unliquidated	
☐ Debtor 1 and Debtor 2 only	☐ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt	Obligations arising out of a separation agreement or divorce that you did not	
Is the claim subject to offset?	report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts	
■ No		
Yes	■ Other. Specify Fresh Start Auto Center	
Greater Rockford Auto Auction	Last 4 digits of account number 2855	\$1,38
Nonpriority Creditor's Name 5937 Sandy Hollow Road Rockford, IL 61109	When was the debt incurred?	
Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.		
■ Debtor 1 only	☐ Contingent	
☐ Debtor 2 only	☐ Unliquidated	
☐ Debtor 1 and Debtor 2 only	☐ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt Is the claim subject to offset?	$\hfill \square$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
■ No	Debts to pension or profit-sharing plans, and other similar debts	

☐ Yes

■ Other. Specify Fresh Start Auto Center

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Case number (if know)

Debtor 1 Lowell A LeMaster 4.2 Illinois Tollway 1174 \$64.50 Last 4 digits of account number 0 Nonpriority Creditor's Name PO Box 5544 When was the debt incurred? 1/19/2017 Chicago, IL 60680-5544 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes ■ Other. Specify Fresh Start Auto Center, Inc. 4.2 **Integrity Payment Systems** 0511 \$53.41 Last 4 digits of account number Nonpriority Creditor's Name 1700 Higgins Road When was the debt incurred? Suite 690 Des Plaines, IL 60018-5621 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Fresh Start Auto Center ☐ Yes 4.2 **Liberty Mutual Insurance** 2350 \$50.80 Last 4 digits of account number Nonpriority Creditor's Name PO Box 85830 When was the debt incurred? San Diego, CA 92186-5830 As of the date you file, the claim is: Check all that apply Number Street City State Zlp Code Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt $oxed{\square}$ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims lacksquare Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify File #: 538149-9 ☐ Yes

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Case number (if know)

Lowell A Lemaster	Case number (if know)	
Nationwide Credit, Inc.	Last 4 digits of account number 6124	\$764.71
Nonpriority Creditor's Name PO Box 26314	When was the debt incurred?	
Lehigh Valley, PA 18002-6314 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
■ Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
☐ Debtor 1 and Debtor 2 only	Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
No	Debts to pension or profit-sharing plans, and other similar debts	
□Yes	Other. Specify American Express - xxxx61005	
Nicor	Last 4 digits of account number 0004	\$876.41
Nonpriority Creditor's Name		
PO Box 5407 Carol Stream, IL 60197-5407	When was the debt incurred?	
Number Street City State ZIp Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.		
Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
Debtor 1 and Debtor 2 only	☐ Disputed	
At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt s the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
□ Yes	Fresh Start Auto Center 4017 E. Wonder Lake Road Meter #: 4389165	
U. S. Department of Veterans Affair	Last 4 digits of account number EMAS	\$564.93
Nonpriority Creditor's Name PO Box 530289 Atlanta, GA 30353-0269	When was the debt incurred?	
Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.		
Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
Debtor 1 and Debtor 2 only	☐ Disputed	
At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
Check if this claim is for a community	☐ Student loans	
debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
■ No	\square Debts to pension or profit-sharing plans, and other similar debts	
☐ Yes	■ Other. Specify Prescription Co-Pays	

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Zeller Insurance Services, Inc.	Last 4 digits of account nu	mber 2350	\$1,136.00
Nonpriority Creditor's Name 12159 S. Pulaski Road Alsip, IL 60803-1223	When was the debt incurre	d?	
Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the	claim is: Check all that apply	
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY uns	secured claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	☐ Obligations arising out of report as priority claims	a separation agreement or divorce that you did not	
■ No	Debts to pension or profit	-sharing plans, and other similar debts	
Yes	Other. Specify File #:	538149-9	
Part 3: List Others to Be Notified About a De	ebt That You Already Listed		
. Use this page only if you have others to be notified is trying to collect from you for a debt you owe to shave more than one creditor for any of the debts the notified for any debts in Parts 1 or 2, do not fill out	omeone else, list the original cred at you listed in Parts 1 or 2, list th	ditor in Parts 1 or 2, then list the collection agency	here. Similarly, if you
Name and Address	On which entry in Part 1 or Part 2 or		
ARS National Services Inc.	Line 4.8 of (Check one):	Part 1: Creditors with Priority Unsecured Clai	
PO Box 469046 Escondido, CA 92046-9046		Part 2: Creditors with Nonpriority Unsecured	Claims
2500114140, 02 32540 3040	Last 4 digits of account number	2708	
Name and Address	On which entry in Part 1 or Part 2 o	· <u> </u>	
Autozone, Inc. PO Box 791409	Line 4.1 of (Check one):	Part 1: Creditors with Priority Unsecured Clai	
Baltimore, MD 21279-1409		Part 2: Creditors with Nonpriority Unsecured	Claims
,	Last 4 digits of account number	2316	
Name and Address Bank of America	On which entry in Part 1 or Part 2 of Line 4.3 of (<i>Check one</i>):	•	
PO Box 982235	Line 4.3 of (Check one):	Part 1: Creditors with Priority Unsecured Clai	
El Paso, TX 79998-2235		Part 2: Creditors with Nonpriority Unsecured	Claims
	Last 4 digits of account number		
Name and Address	On which entry in Part 1 or Part 2 or		
Bank of America	Line 4.3 of (Check one):	Part 1: Creditors with Priority Unsecured Clai	ms
PO Box 851001 Dallas, TX 75285-1001		Part 2: Creditors with Nonpriority Unsecured	Claims
Junus, 17. 10200 1001	Last 4 digits of account number		
Name and Address	On which entry in Part 1 or Part 2 or	did you list the original creditor?	
Bureaus Investment Group	Line 4.6 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Clai	ms
Portfolio 15 LLC 650 Dundee Road, Suite 370		■ Part 2: Creditors with Nonpriority Unsecured	Claims
Northbrook, IL 60062	Last 4 digits of account number	4941	
Name and Address	On which entry in Part 1 or Part 2 or	did you list the original creditor?	
Caine & Weiner	Line 4.22 of (<i>Check one</i>):	☐ Part 1: Creditors with Priority Unsecured Clai	ms
1699 E. Woodfield Road		■ Part 2: Creditors with Nonpriority Unsecured	Claims
Schaumburg, IL 60173-4947	Last 4 digits of account number	3426	
Name and Address	On which entry in Part 1 or Part 2 or	did you list the original creditor?	
Capital Management Services, LP	Line 4.13 of (<i>Check one</i>):	☐ Part 1: Creditors with Priority Unsecured Clai	ms
698 1/2 South Ogden Street		Part 2: Creditors with Nonpriority Unsecured	Claims
Buffalo, NY 14206-2317	Last 4 digits of account number		
	Last + digits of account number		

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Case number (if know) Document Debtor 1 Lowell A LeMaster On which entry in Part 1 or Part 2 did you list the original creditor? Name and Address **Capital One Card Services** Line 4.6 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims PO Box 71107 ■ Part 2: Creditors with Nonpriority Unsecured Claims Charlotte, NC 28272-1107 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? **Capital One Consumer Center** Line 4.6 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims PO Box 30256 ■ Part 2: Creditors with Nonpriority Unsecured Claims Salt Lake City, UT 84130-0256 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Firstsource Advantage, LLC Line 4.23 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims 205 Bryant Woods South ■ Part 2: Creditors with Nonpriority Unsecured Claims Amherst, NY 14228 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Firstsource Advantage, LLC Line 4.23 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims PO Box 628 Part 2: Creditors with Nonpriority Unsecured Claims Buffalo, NY 14240-0628 Last 4 digits of account number 9680 Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Firstsource Advantage, LLC Line 4.17 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims PO Box 628 ■ Part 2: Creditors with Nonpriority Unsecured Claims Buffalo, NY 14240-0628 Last 4 digits of account number On which entry in Part 1 or Part 2 did you list the original creditor? Name and Address Frontline Asset Strategies Line 4.6 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims 2700 Snelling Avenue N ■ Part 2: Creditors with Nonpriority Unsecured Claims Suite 250 Saint Paul, MN 55113 Last 4 digits of account number 0921 Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Global Receivables Solutions, Inc. Line 4.16 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims 7171 Mercy Road ■ Part 2: Creditors with Nonpriority Unsecured Claims Omaha, NE 68106 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Global Receivables Solutions, Inc. Line 4.16 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims PO Box 956842 Part 2: Creditors with Nonpriority Unsecured Claims Saint Louis, MO 63195 Last 4 digits of account number 8695 Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? **IGS** Line 4.24 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims 6100 Emerald Parkway Part 2: Creditors with Nonpriority Unsecured Claims **Dublin, OH 43016** Last 4 digits of account number **RKHP** On which entry in Part 1 or Part 2 did you list the original creditor? Name and Address LJ Ross Line 4.24 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims PO Box 6099 Part 2: Creditors with Nonpriority Unsecured Claims Jackson, MI 49204-6099 Last 4 digits of account number 1212 On which entry in Part 1 or Part 2 did you list the original creditor? Name and Address MRS Assoc. of New Jersey Line 4.8 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims 1930 Olnev Avenue Part 2: Creditors with Nonpriority Unsecured Claims Cherry Hill, NJ 08003 Last 4 digits of account number 8184 Name and Address On which entry in Part 1 or Part 2 did you list the original creditor?

Official Form 106 E/F

North Chicago VAMC 556

Line 4.12 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

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Debtor 1 Lowell A LeMaster

VISN 12 CSCC 2500 Overlook Terrace Madison, WI 53705

■ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address **VA Medical Center** 3001 Green Bay Road North Chicago, IL 60064-3060 On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.25** of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims

■ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

				Total Claim
	6a.	Domestic support obligations	6a.	\$ 0.00
Total claims				
from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$ 0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$ 0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$ 0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$ 0.00
				Total Claim
	6f.	Student loans	6f.	\$ 0.00
Total claims				
from Part 2	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$ 0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$ 0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$ 64,431.19
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$ 64,431.19

		DOCUME	<u> </u>	<u> </u>
Fill in this infor	mation to identify your	case:		
Debtor 1	Lowell A LeMaste	er		
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS	
Case number _				☐ Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or	company wit	h whom you have the o	contract or lease	State what the contract or lease is for
2.1					
	Name				_
	Number	Street			
	City		State	ZIP Code	
2.2					
	Name				_
	Number	Street			_
	City		State	ZIP Code	_
2.3					
	Name				_
	Number	Street			
	City		State	ZIP Code	
2.4	•				
	Name				
	Number	Street			_
	City		State	ZIP Code	_
2.5					
	Name				_
	Number	Street			_
	City		State	ZIP Code	<u> </u>

		Docume	ent Page 32 d) <u>r 5 /</u>	
Fill in this in	formation to identify your				
Debtor 1	Lowell A LeMaste	ar .			
20010	First Name	Middle Name	Last Name		
Debtor 2	Fi AN	M: 11 N			
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States	Bankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS		
Case number					
(if known)					☐ Check if this is an
					amended filing
Official I	Form 106H				
		-1-1			
Scheau	le H: Your Cod	eptors			12/15
■ No □ Yes 2. Within Arizona, ■ No. Go	the last 8 years, have you California, Idaho, Louisiana, o to line 3.	I lived in a community pr Nevada, New Mexico, Pu	operty state or territor erto Rico, Texas, Wash	' y? (Community propert	ty states and territories include
in line 2 Form 100 out Colu	again as a codebtor only i 6D), Schedule E/F (Official mn 2. ////////////////////////////////////	f that person is a guaran Form 106E/F), or Sched	tor or cosigner. Make	sure you have listed to 6G). Use Schedule D, Column 2: The cre	g with you. List the person shown he creditor on Schedule D (Official Schedule E/F, or Schedule G to fill editor to whom you owe the debt
Nam	ne, Number, Street, City, State and ZI	P Code		Check all schedule	es that apply:
3.1				_ ☐ Schedule D, lin	ne
Nar	ne			☐ Schedule E/F,	line
				☐ Schedule G, lir	ne
Nur	mber Street			_	
City	,	State	ZIP Code		
3.2				Schedule D, lin	ne
Nar	ne			☐ Schedule E/F,	
				☐ Schedule G, lir	ne
	mber Street			_	
City		State	ZIP Code		

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						•			
	in this information to identify your cotor 1 Lowell A Le								
	otor 2 puse, if filing)				_				
	ted States Bankruptcy Court for the	: NORTHERN DISTRIC	CT OF ILLINOIS						
	se number nown)		-			Check if this is	ed filing		
						☐ A supplem 13 income		ng postpetition ollowing date:	
	fficial Form 106I					MM / DD/ `	/YYY		
S	chedule I: Your Inc	ome							12/15
atta	use. If you are separated and you ch a separate sheet to this form. t 1: Describe Employment Fill in your employment		onal pages, write yo			I case number (if	known). A	Answer every	
	information.		Debtor 1					iling spouse	
	If you have more than one job, attach a separate page with information about additional	Employment status	☐ Employed■ Not employed			□ Empl	oyed mployed		
	employers.	Occupation	Retired			Retired	<u> </u>		
	Include part-time, seasonal, or self-employed work.	Employer's name							
	Occupation may include student or homemaker, if it applies.	Employer's address							
		How long employed t	here?						
Par	t 2: Give Details About Mor	nthly Income							
	mate monthly income as of the duse unless you are separated.	ate you file this form. If	you have nothing to r	report for	any	line, write \$0 in the	space. In	clude your no	n-filing
	u or your non-filing spouse have mo e space, attach a separate sheet to		ombine the informatio	on for all e	empl	oyers for that perso	on on the I	ines below. If	you need
						For Debtor 1		ebtor 2 or ing spouse	
2.	List monthly gross wages, sala deductions). If not paid monthly,			2.	\$	0.00	\$	0.00	
3.	Estimate and list monthly overt	ime pay.		3.	+\$	0.00	+\$	0.00	
4.	Calculate gross Income. Add lin	ne 2 + line 3.		4.	\$	0.00	\$	0.00	

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Deb	tor 1	Lowell A LeMaster	-	Case r	number (<i>if kn</i> e	own)			
				For	Debtor 1			ebtor 2 or ling spouse	
	Cop	y line 4 here	4.	\$	0	.00	\$	0.00	-
5.	List	all payroll deductions:							
	5a. 5b.	Tax, Medicare, and Social Security deductions Mandatory contributions for retirement plans	5a. 5b.	\$ \$	0	.00	\$ \$	0.00	-
	5c. 5d. 5e. 5f.	Voluntary contributions for retirement plans Required repayments of retirement fund loans Insurance Domestic support obligations	5c. 5d. 5e. 5f.	\$ \$ \$	0	.00 .00 .00	\$ \$	0.00 0.00 0.00 0.00	- - -
•	5g. 5h.	Union dues Other deductions. Specify:	5g. _ 5h.⊦		0	.00	-	0.00 0.00	- - -
6.		the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$.00	\$	0.00	-
7. 8.	8b. 8c. 8d. 8e. 8f.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. Interest and dividends Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. Unemployment compensation Social Security Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Pension or retirement income	8c. 8d. 8e.	\$ \$\$ \$\$\$ \$\$\$	0 0 0 1,400	.00	\$ \$ \$ \$	0.00 0.00 0.00 0.00 0.00	
9.	8h.	Other monthly income. Specify: all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	_ 8h.⊦ 9.	- \$ \$	2,400		* \$ \$	0.00	D
10.		culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$		2,400.00	+ \$_		0.00 = \$	2,400.00
11.	Inclu othe Do i	te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your prince friends or relatives. In the include any amounts already included in lines 2-10 or amounts that are not a cify:	depen		•		-	nedule J. 11. +\$	0.00
12.		I the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certainies						12. \$ Combin	2,400.00
13.	Do y	you expect an increase or decrease within the year after you file this form No. Yes. Explain:	?						nea y income

Schedule I: Your Income

page 2

Official Form 106I

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Fill in	in this information to identify your case:				
Debte	tor 1 Lowell A LeMaster		Chec	ck if this is:	
Debte	tor 2			An amended filing A supplement show 13 expenses as of	ving postpetition chapter the following date:
` .	ed States Bankruptcy Court for the: NORTHERN DISTRICT	OF ILLINOIS	_	MM / DD / YYYY	
		OI ILLINOIO		WIWI / DD / TTTT	
	e number nown)				
Of	fficial Form 106J				
	chedule J: Your Expenses				12/1
info	as complete and accurate as possible. If two married pormation. If more space is needed, attach another shee nber (if known). Answer every question.				
Part	t 1: Describe Your Household Is this a joint case?				
١.	■ No. Go to line 2. □ Yes. Does Debtor 2 live in a separate household?				
	☐ No ☐ Yes. Debtor 2 must file Official Form 106J-2, E	Expenses for Separate Hous	ehold of Deb	tor 2.	
2.	Do you have dependents? ■ No				
	Do not list Debtor 1 and Debtor 2.			Dependent's age	Does dependent live with you?
	Do not state the				□ No
	dependents names.				□ Yes □ No
					Yes
					□ No
					☐ Yes ☐ No
					☐ Yes
3.	Do your expenses include expenses of people other than yourself and your dependents? ■ No				
Esti	t 2: Estimate Your Ongoing Monthly Expenses imate your expenses as of your bankruptcy filing date				
-	enses as of a date after the bankruptcy is filed. If this i dicable date.	s a supplemental <i>Schedul</i>	e J, check th	e box at the top o	f the form and fill in the
the v	lude expenses paid for with non-cash government ass value of such assistance and have included it on Scheficial Form 106I.)			Your expo	enses
4.	The rental or home ownership expenses for your resipayments and any rent for the ground or lot.	idence. Include first mortgaç	ge 4. \$		0.00
	If not included in line 4:				
	4a. Real estate taxes		4a. \$	i	0.00
	4b. Property, homeowner's, or renter's insurance		4b. \$		0.00
	4c. Home maintenance, repair, and upkeep expenses		4c. \$		200.00
5.	 Homeowner's association or condominium dues Additional mortgage payments for your residence, su 	ich as home equity loans	4d. \$ 5. \$		0.00

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Debtor	1 Lowell A LeMaster	Case num	ber (if known)	
6. U 1	ilities:			
o. G		6a.	\$	0.00
6k		6b.	\$	0.00
60		6c.	\$	0.00
60		6d.	\$	0.00
	pod and housekeeping supplies	— 7.	\$	500.00
	nildcare and children's education costs	8.	\$	
_		9.	\$ 	0.00
	othing, laundry, and dry cleaning ersonal care products and services	10.	\$	50.00
	edical and dental expenses		·	20.00
	•	11.	\$	150.00
	ansportation. Include gas, maintenance, bus or train fare. o not include car payments.	12.	\$	400.00
	ntertainment, clubs, recreation, newspapers, magazines, and books	13.	\$	50.00
	naritable contributions and religious donations	14.	·	0.00
	surance.	14.	Ψ	0.00
	o not include insurance deducted from your pay or included in lines 4 or 20.			
	ia. Life insurance	15a.	\$	0.00
	ib. Health insurance	15b.		0.00
	ic. Vehicle insurance	15c.	*	0.00
	id. Other insurance. Specify:	15d.	·	0.00
	ixes. Do not include taxes deducted from your pay or included in lines 4 or 20.	134.	Ψ	0.00
	pecify: Annuity Withholding Taxes	16.	\$	250.00
	stallment or lease payments:	_	· -	
17	'a. Car payments for Vehicle 1	17a.	\$	0.00
17	b. Car payments for Vehicle 2	17b.	\$	0.00
17	c. Other. Specify:	17c.	\$	0.00
	'd. Other. Specify:	17d.	\$	0.00
	our payments of alimony, maintenance, and support that you did not report as	_	·	
	educted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.	\$	0.00
). O	ther payments you make to support others who do not live with you.		\$	0.00
S	pecify:	19.		
	ther real property expenses not included in lines 4 or 5 of this form or on Sched			
20	a. Mortgages on other property	20a.	·	0.00
20	b. Real estate taxes	20b.	·	0.00
	c. Property, homeowner's, or renter's insurance	20c.	\$	0.00
20	d. Maintenance, repair, and upkeep expenses	20d.	\$	0.00
20	e. Homeowner's association or condominium dues	20e.	\$	0.00
. 0	ther: Specify:	21.	+\$	0.00
, c	alculate your monthly expenses	_		
	ta. Add lines 4 through 21.		\$	1,620.00
	th. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$	1,020.00
			·	
22	c. Add line 22a and 22b. The result is your monthly expenses.		\$	1,620.00
3. C	alculate your monthly net income.			
23	a. Copy line 12 (your combined monthly income) from Schedule I.	23a.	\$	2,400.00
	b. Copy your monthly expenses from line 22c above.	23b.	-\$	1,620.00
			-	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
23	c. Subtract your monthly expenses from your monthly income.	00	•	700.00
	The result is your monthly net income.	23c.	\$	780.00
4 D	o you expect an increase or decrease in your expenses within the year after you	fila this	form?	
	or you expect an increase or decrease in your expenses within the year after you or example, do you expect to finish paying for your car loan within the year or do you expect your n			or decrease because of
	odification to the terms of your mortgage?	ا دومو	,	
	No.			
	No. Yes. Explain here:			

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Fill in this infor	mation to identify your	case:			
Debtor 1	Lowell A LeMaste				
	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States Ba	ankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS		
Case number					
(if known)					☐ Check if this is an amended filing
Official For		n Individual	Dobtorio So	boduloo	
Deciara	lion About a	an Individual	Deproi 2 20	nedules	12/15
	l8 U.S.C. §§ 152, 1341, 1 n Below				
Did you pa	ay or agree to pay some	one who is NOT an attorn	ney to help you fill out b	pankruptcy forms?	
■ No					
☐ Yes.	Name of person				Petition Preparer's Notice, Signature (Official Form 119)
•	alty of perjury, I declare re true and correct.	that I have read the sumn	nary and schedules file	d with this declaration and	
X /s/lov	well A LeMaster		X		
	I A LeMaster		Signature of	Debtor 2	
Signatu	ire of Debtor 1		Ç		
Date	August 27, 2017		Date		

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FIII	in this infor	mation to identify you	r case:			
De	btor 1	Lowell A LeMas	Middle Name	Last Name		
Del	btor 2	First Name	Middle Name	Last Name		
	ouse if, filing)	First Name	Middle Name	Last Name		
Uni	ited States Ba	ankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS		
	se number _					Check if this is an amended filing
Sta Be a	as complete rmation. If n	of Financial	ble. If two married people attach a separate sheet to	iduals Filing for E are filing together, both are o this form. On the top of an	equally responsible for s	
	<u> </u>	,	stion. Irital Status and Where Yo	au Lived Refore		
1				d Lived Belole		
۱.	wnat is you	ır current marital statı	IS ?			
	■ Married	d				
	☐ Not ma	rried				
2.	During the	last 3 years, have you	lived anywhere other than	n where you live now?		
	= N.					
	■ No □ Yes Lis	st all of the places you l	ived in the last 3 years. Do	not include where you live nov	V	
			·	·		
	Debtor 1 P	rior Address:	Dates Debtor	1 Debtor 2 Prior A	ddress:	Dates Debtor 2 lived there
3. stat	es and territor	ries include Arizona, Ca		egal equivalent in a communevada, New Mexico, Puerto Fofficial Form 106H).		
Pai	rt 2 Expla	in the Sources of You	r Income			
4.	Fill in the tot	al amount of income yo	u received from all jobs and	ing a business during this y I all businesses, including partive together, list it only once u	-time activities.	llendar years?
	■ No					
	☐ Yes. Fi	Il in the details.				
			Debtor 1		Debtor 2	
			Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)

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5.	Inclu and	ude ind other	come regard public bene	dless of wheth fit payments;	er that inco pensions; r		amples o	f <i>other income</i> a dends; money co	are alim ollected	from lawsuits;	royalties; and	ecurity, unemployment, d gambling and lottery
	List	each s	source and t	the gross inco	me from ea	ach source separa	ately. Do	not include incon	me that	t you listed in lir	ne 4.	
		No										
			Fill in the de	etails								
		100.	1 111 111 1110 110	Julio.								
					Debtor 1	of income	Cros	a inaama fram		Debtor 2		Cross income
					Describe	of income below.	each (befo	s income from source re deductions an sions)		Sources of inc Describe below		Gross income (before deductions and exclusions)
			/ 1 of curre filed for bar	nt year until nkruptcy:	Social S Benefits			\$11,200.0	00			
					Annuity			\$8,000.0	00			
			dar year: December	31, 2016)	Social S Benefits			\$16,800.0	00			
Pa	rt 3:	List	: Certain Pa	nyments You	Made Befo	ore You Filed for	Bankrup	otcy				
_	A ===		. Dahtar 41a	Dabtas 0								
6.	Are	No.			•	imarily consume			debts a	re defined in 11	USC 8 10	1(8) as "incurred by an
	_	110.				family, or househo			<i>1</i> 0010 G		0.0.0.3 10	r(o) do modriod by an
			During the	90 days befo	re vou filed	d for bankruptcy, d	lid vou na	v any creditor a	total o	f \$6 425* or mo	re?	
			□ No.	Go to line 7			,	.,,	1010. 0	. 40, 120 0. 1110		
			☐ Yes									ne total amount you
						not include payment to an attorney for t			obligati	ons, such as ch	nild support a	nd alimony. Also, do
			* Subject			and every 3 year			d on or	after the date of	of adjustment.	
	•	Yes.				re primarily consu			total o	f \$600 or more	?	
			_		-							
			■ No.	Go to line 7								
			□ _{Yes}	include pay	ments for c	or to whom you pa domestic support o uptcy case.						t creditor. Do not nclude payments to an
	Cre	editor'	s Name and	d Address		Dates of payme	ent	Total amount		Amount you still owe	Was this p	payment for
_	14/14/			(!!! (10
7.	<i>Insi</i> of was bu	<i>der</i> s in hich y	clude your i	relatives; any fficer, director	general pa , person in		any geno of 20% o	eral partners; pa r more of their vo	rtnershoting s	nips of which yo ecurities; and a	ou are a gene ny managing	ral partner; corporations agent, including one fo
		No										
			List all payr	nents to an in	sider.							
	Ins		Name and			Dates of payme	ent	Total amount		Amount you still owe	Reason fo	r this payment

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PEDIOI I OWEILA LEIVIASTEL			

8.	Within 1 year before you filed for bankruptoinsider? Include payments on debts guaranteed or cos		ments or transfer a	any property on a	eccount of a de	ebt that benefited ar
	■ No □ Yes. List all payments to an insider					
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for Include cred	this payment itor's name
Par	t 4: Identify Legal Actions, Repossession	ns, and Foreclosures				
9.	Within 1 year before you filed for bankrupto List all such matters, including personal injury modifications, and contract disputes.					
	■ No □ Yes. Fill in the details.					
	Case title Case number	Nature of the case	Court or agency		Status of th	e case
10.	 Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levid Check all that apply and fill in the details below. No. Go to line 11. Yes. Fill in the information below. 					l, seized, or levied?
	Creditor Name and Address	Describe the Property		Date		Value of the property
		Explain what happened	d			p p 3
11.	Within 90 days before you filed for bankrup accounts or refuse to make a payment become No Yes. Fill in the details. Creditor Name and Address		·		action was	mounts from your
12.	Within 1 year before you filed for bankrupto court-appointed receiver, a custodian, or a ■ No □ Yes		erty in the possess			fit of creditors, a
Par	t 5: List Certain Gifts and Contributions					
13.	Within 2 years before you filed for bankrup ■ No □ Yes. Fill in the details for each gift.	tcy, did you give any gift	s with a total value	of more than \$60	00 per person?	,
	Gifts with a total value of more than \$600 per person	Describe the gifts		Date the g	s you gave jifts	Value
	Person to Whom You Gave the Gift and Address:					
14.	Within 2 years before you filed for bankrup ■ No □ Yes. Fill in the details for each gift or con		s or contributions v	with a total value	of more than	\$600 to any charity?
	Gifts or contributions to charities that total more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code)		ı contributed		s you ributed	Value
Par	t 6: List Certain Losses					

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster,

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Case number (if known)

Document Debtor 1 Lowell A LeMaster

	or gambling?					
	□ No					
	Yes. Fill in the details.					
	Describe the property you lost and	Descri	be any insurance coverage for the lo	ee	Date of your	Value of property
	how the loss occurred	Include	the amount that insurance has paid. Lincoln the color of the land the color of the	st pending	loss	lost
	2002 Honda Accord, 266,000 miles. Automobile collision.	Auton	nobile insurance paid \$3,200.00, to of the vehicle. Vehicle scrapped.	full	2/2/2017	\$0.00
Par	t 7: List Certain Payments or Transfe	rs				
16.	Within 1 year before you filed for bankr consulted about seeking bankruptcy or Include any attorneys, bankruptcy petition	r preparir	ng a bankruptcy petition?			ty to anyone you
	□ No■ Yes. Fill in the details.					
	Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not	You	Description and value of any prope transferred	erty	Date payment or transfer was made	Amount of payment
	The Law Office of David L. Stretch 5447 W. Bull Valley Road McHenry, IL 60050-7410 stretchlaw@gmail.com	1	Attorney Fees		8/10/2016	\$1,750.00
17.	Within 1 year before you filed for bankr promised to help you deal with your cre Do not include any payment or transfer that	editors o	r to make payments to your creditors		r transfer any proper	ty to anyone who
	Yes. Fill in the details.					
	Person Who Was Paid Address		Description and value of any prope transferred	erty	Date payment or transfer was made	Amount of payment
18.	Within 2 years before you filed for bank transferred in the ordinary course of you include both outright transfers and transfer include gifts and transfers that you have a second in the course of th	our busin rs made a	ess or financial affairs? as security (such as the granting of a se	, , ,	,	,
	Person Who Received Transfer Address		Description and value of property transferred	payments	any property or received or debts	Date transfer was made
	Person's relationship to you			paid in ex	change	
19.	Within 10 years before you filed for ban beneficiary? (These are often called asset No Yes. Fill in the details.		, , , , ,	elf-settled tru	ist or similar device o	of which you are a
	Name of trust		Description and value of the proper	rty transferr	ed	Date Transfer was made

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Debtor 1 Lowell A LeMaster

Pa	t 8:	List of Certain Financial Accounts, In	strun	nents, Safe Deposi	t Boxes, and St	oraç	ge Units	
20.	solo Incl	hin 1 year before you filed for bankruptod, moved, or transferred? ude checking, savings, money market, o	or oth	ner financial accou	nts; certificates	of c		
	nou	ses, pension funds, cooperatives, asso No	ciatio	ons, and other fina	ncial institution	s.		
		Yes. Fill in the details.						
		me of Financial Institution and dress (Number, Street, City, State and ZIP le)		st 4 digits of count number	Type of account instrument	unt o	or Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or ot cash, or other valuables?						afe deposit box or other deposi	tory for securities,	
		No						
		Yes. Fill in the details.						
		me of Financial Institution dress (Number, Street, City, State and ZIP Code)		Who else had acc Address (Number, S State and ZIP Code)		Des	scribe the contents	Do you still have it?
22.	Hav	e you stored property in a storage unit	or pla	ace other than you	home within 1	yea	r before you filed for bankruptc	y?
		No						
		Yes. Fill in the details.						
	Name of Storage Facility Address (Number, Street, City, State and ZIP Code)			Who else has or had access to it? Address (Number, Street, City, State and ZIP Code)			scribe the contents	Do you still have it?
Pai	t 9:	Identify Property You Hold or Control	for S	Someone Else				
23.	Do	you hold or control any property that so			ude any proper	ty yo	ou borrowed from, are storing fo	or, or hold in trust
	for	someone.						
		No						
		Yes. Fill in the details.						
		ner's Name dress (Number, Street, City, State and ZIP Code)		Where is the pro (Number, Street, City, Code)		Des	scribe the property	Value
Pai	t 10:	Give Details About Environmental Inf	orma	ition				
		ourpose of Part 10, the following definiti						
. 01	uic p	our pose of 1 art 10, the following definite	0113	арріу.				
	toxi	rironmental law means any federal, state ic substances, wastes, or material into t ulations controlling the cleanup of these	he ai	r, land, soil, surfac	e water, ground	_	•	
		means any location, facility, or propert	-	-	environmental l	aw,	whether you now own, operate	, or utilize it or used
		<i>rardous material</i> means anything an env ardous material, pollutant, contaminant			as a hazardous	was	ste, hazardous substance, toxic	substance,
Rep	ort a	II notices, releases, and proceedings th	at yo	u know about, reg	ardless of when	the	ey occurred.	
24.	Has	any governmental unit notified you tha	t you	may be liable or p	otentially liable	und	ler or in violation of an environr	nental law?
		No						
		Yes. Fill in the details.						
		me of site dress (Number, Street, City, State and ZIP Code)		Governmental ur Address (Number, S		ı	Environmental law, if you know it	Date of notice

Case 17-82014 Doc 1 Filed 08/27/17 Entered 08/27/17 18:07:47 Page 43 of 57 Document ase number (*if known*) Debtor 1 Lowell A LeMaster 25. Have you notified any governmental unit of any release of hazardous material? Yes. Fill in the details. Name of site Environmental law, if you Date of notice Governmental unit Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and know it ZIP Code) 26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders. No Yes. Fill in the details. Case Title Court or agency Nature of the case Status of the Case Number Name case Address (Number, Street, City, Part 11: Give Details About Your Business or Connections to Any Business 27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business? ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time ☐ A member of a limited liability company (LLC) or limited liability partnership (LLP) ☐ A partner in a partnership ☐ An officer, director, or managing executive of a corporation An owner of at least 5% of the voting or equity securities of a corporation No. None of the above applies. Go to Part 12. Yes. Check all that apply above and fill in the details below for each business. **Business Name** Describe the nature of the business **Employer Identification number** Address Do not include Social Security number or ITIN. (Number, Street, City, State and ZIP Code) Name of accountant or bookkeeper Dates business existed 28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties. Nο Yes. Fill in the details below. Name **Date Issued** Address (Number, Street, City, State and ZIP Code) Part 12: Sign Below I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Lowell A LeMaster Signature of Debtor 2 **Lowell A LeMaster** Date

Signature of Debtor 1 Date August 27, 2017 Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? No ☐ Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

■ No

☐ Yes. Name of Person . Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). Statement of Financial Affairs for Individuals Filing for Bankruptcy Official Form 107

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Debtor 1 Lowell A LeMaster

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Fill in this infor	Fill in this information to identify your case:							
Debtor 1	Lowell A LeMaste	er						
	First Name	Middle Name	Last Name					
Debtor 2								
(Spouse if, filing)	First Name	Middle Name	Last Name					
United States Ba	ankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS					
Case number								
(if known)				☐ Check if this is an				
				amended filing				

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: List Your Creditors Who Have Secured Claims

1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below.

Identify the creditor and the property that is collateral	What do you intend to do with the property that secures a debt?	Did you claim the property as exempt on Schedule C?
Creditor's	☐ Surrender the property.	□ No
name:	☐ Retain the property and redeem it.	
Description of property	☐ Retain the property and enter into a Reaffirmation Agreement.	☐ Yes
securing debt:	Retain the property and [explain]:	
Creditor's	☐ Surrender the property.	□ No
name:	☐ Retain the property and redeem it.	
Description of	Retain the property and enter into a Reaffirmation Agreement.	☐ Yes
property	☐ Retain the property and [explain]:	
securing debt:		
Creditor's	☐ Surrender the property.	□ No
name:	Retain the property and redeem it.	_
Description of	Retain the property and enter into a Reaffirmation Agreement.	☐ Yes
property	☐ Retain the property and [explain]:	
securing debt:		
Creditor's	☐ Surrender the property.	□ No

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

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Debtor 1 Lowell A LeMaster	Case number (if	known)
name: Description of property securing debt:	 □ Retain the property and redeem it. □ Retain the property and enter into a Reaffirmation Agreement. □ Retain the property and [explain]: 	☐ Yes
n the information below. Do not list real estate	ty Leases you listed in Schedule G: Executory Contracts and Une leases. Unexpired leases are leases that are still in effe ty lease if the trustee does not assume it. 11 U.S.C. § 36	ct; the lease period has not yet ended.
Describe your unexpired personal property lea	ses	Will the lease be assumed?
Lessor's name: Description of leased Property:		□ No □ Yes
Lessor's name: Description of leased Property:		□ No □ Yes
Lessor's name: Description of leased Property:		□ No □ Yes
Lessor's name: Description of leased Property:		□ No
Lessor's name: Description of leased Property:		□ No
Lessor's name: Description of leased Property:		□ No
Lessor's name: Description of leased		□ No
Property: Part 3: Sign Below		☐ Yes
Under penalty of perjury, I declare that I have in property that is subject to an unexpired lease.	dicated my intention about any property of my estate th	nat secures a debt and any personal
X /s/ Lowell A LeMaster Lowell A LeMaster Signature of Debtor 1	Signature of Debtor 2	
Date August 27, 2017	Date	

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7:	Liquidation
\$245	filing fee
\$75	administrative fee
+ \$15	trustee surcharge
\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee \$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/Bankruptcy/BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 17-82014 Doc 1 Filed 08/27/17 Entered 08/27/17 18:07:47 Desc Main Document Page 51 of 57

B2030 (Form 2030) (12/15)

United States Bankruptcy CourtNorthern District of Illinois

In re	Lowell A LeMaster		Case No).			
		Debtor(s)	Chapter	7			
	DISCLOSURE OF COMPE	ENSATION OF ATTO	RNEY FOR I	DEBTOR(S)			
(suant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that appensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:						
	For legal services, I have agreed to accept			1,750.00			
	Prior to the filing of this statement I have received		\$	1,750.00			
	Balance Due		\$	0.00			
2. 7	The source of the compensation paid to me was:						
	■ Debtor □ Other (specify):						
3.	The source of compensation to be paid to me is:						
	■ Debtor □ Other (specify):						
4.	I have not agreed to share the above-disclosed com	pensation with any other person	unless they are me	embers and associates of i	my law firm.		
	☐ I have agreed to share the above-disclosed compencopy of the agreement, together with a list of the national statement.				w firm. A		
5.	In return for the above-disclosed fee, I have agreed to	render legal service for all aspec	ts of the bankruptc	y case, including:			
ł	Analysis of the debtor's financial situation, and rend Preparation and filing of any petition, schedules, sta Representation of the debtor at the meeting of credit [Other provisions as needed] Negotiations with secured creditors to reaffirmation agreements and applicati 522(f)(2)(A) for avoidance of liens on he	tement of affairs and plan which tors and confirmation hearing, a reduce to market value; ex- ons as needed; preparatior	n may be required; nd any adjourned h emption plannir	earings thereof; g; preparation and fil	ing of		
5. I	By agreement with the debtor(s), the above-disclosed for Representation of the debtors in any diany other adversary proceeding.			nces, relief from stay	actions or		
		CERTIFICATION					
	certify that the foregoing is a complete statement of an ankruptcy proceeding.	ny agreement or arrangement for	r payment to me fo	r representation of the de	btor(s) in		
Α	ugust 27, 2017	/s/ David L. Stret	ch				
Date		David L. Stretch Signature of Attorno					
		The Law Office of	f David L. Strete	:h			
		5447 W. Bull Vall McHenry, IL 6005					
		815-578-0055 Fa	ax: 815-425-6000				
		stretchlaw@gma	il.com				
		Name of law firm					

United States Bankruptcy Court Northern District of Illinois

In re	Lowell A LeMaster		Case No.		
		Debtor(s)	Chapter	7	
	VER	RIFICATION OF CREDITOR MA	ATRIX		
		Number of C	Number of Creditors:		
	The above-named Debtor(s) hereby verifies that the list of creditors is true and correct to the best of my (our) knowledge.				
Date:	August 27, 2017	/s/ Lowell A LeMaster Lowell A LeMaster Signature of Debtor			

AG Adjustments 740 Walt Whitman Road Melville, NY 11747-9090

Arizona Premium Finance Co., Inc. 12406 N. 32nd Street Suite 110 Phoenix, AZ 85032

ARS National Services Inc. PO Box 469046 Escondido, CA 92046-9046

Autozone, Inc. PO Box 791409 Baltimore, MD 21279-1409

Bank of America NC4-105-03-14 PO Box 26012 Greensboro, NC 27410

Bank of America PO Box 15796 Wilmington, DE 19886-5796

Bank of America PO Box 982235 El Paso, TX 79998-2235

Bank of America PO Box 851001 Dallas, TX 75285-1001

bluegreen vacations Fantasy Island Resort II PO Box 630980 Cincinnati, OH 45263-0980

Bureaus Investment Group Portfolio 15 LLC 650 Dundee Road, Suite 370 Northbrook, IL 60062 Caine & Weiner 1699 E. Woodfield Road Schaumburg, IL 60173-4947

Capital Management Services, LP 698 1/2 South Ogden Street Buffalo, NY 14206-2317

Capital One PO Box 30285 Salt Lake City, UT 84130

Capital One Card Services PO Box 71107 Charlotte, NC 28272-1107

Capital One Consumer Center PO Box 30256 Salt Lake City, UT 84130-0256

Cardmember Services Credit Risk Management PO Box 6376 Fargo, ND 58125-6376

Chase Attn: Correspondence Department PO Box 15298

Wilmington, DE 19850

Citibank / The Home Depot Centralized Bankruptcy PO Box 790040 S Louis, MO 63129

Comcast Cable PO Box 3001 Southeastern, PA 19398-3002

ComEd PO Box 6111 Carol Stream, IL 60197-6111 Department of the Treasury Bureau of the Fiscal Service PO Box 1686 Birmingham, AL 35201-1686

Discover Financial PO Box 3025 New Albany, OH 43054

First National Bank - Omaha PO Box 2557 Omaha, NE 68103-2557

First National Bank of McHenry 3814 W. Elm Street McHenry, IL 60051-0338

First National Bank of Omaha Attn: FNN Legal Department 1620 Dodge Street, Mail Code 3290 Omaha, NE 68191

Firstsource Advantage, LLC 205 Bryant Woods South Amherst, NY 14228

Firstsource Advantage, LLC 205 Bryant Woods South Amherst, NY 14228

Firstsource Advantage, LLC PO Box 628 Buffalo, NY 14240-0628

Firstsource Advantage, LLC PO Box 628 Buffalo, NY 14240-0628

Founders Insurance Company 1111 East Touhy Avenue Suite 300 Des Plaines, IL 60018 Frontline Asset Strategies 2700 Snelling Avenue N Suite 250 Saint Paul, MN 55113

Global Receivables Solutions, Inc. 7171 Mercy Road Omaha, NE 68106

Global Receivables Solutions, Inc. PO Box 956842 Saint Louis, MO 63195

Greater Rockford Auto Auction 5937 Sandy Hollow Road Rockford, IL 61109

IGS 6100 Emerald Parkway Dublin, OH 43016

Illinois Tollway PO Box 5544 Chicago, IL 60680-5544

Integrity Payment Systems 1700 Higgins Road Suite 690 Des Plaines, IL 60018-5621

Liberty Mutual Insurance PO Box 85830 San Diego, CA 92186-5830

LJ Ross PO Box 6099 Jackson, MI 49204-6099

MRS Assoc. of New Jersey 1930 Olney Avenue Cherry Hill, NJ 08003

Nationwide Credit, Inc. PO Box 26314 Lehigh Valley, PA 18002-6314 Nicor PO Box 5407 Carol Stream, IL 60197-5407

North Chicago VAMC 556 VISN 12 CSCC 2500 Overlook Terrace Madison, WI 53705

U. S. Department of Veterans Affair PO Box 530289 Atlanta, GA 30353-0269

VA Medical Center 3001 Green Bay Road North Chicago, IL 60064-3060

Zeller Insurance Services, Inc. 12159 S. Pulaski Road Alsip, IL 60803-1223